FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		RECEIVE
Commercial		ARCE
Liability Other Than Auto		KP
Burglary and Theft		2009
Glass		SEP 1 6 2009
Fidelity		NOIS
Surety		STATE OF ILLINOIS STATE OF INSUR
Boiler and Machinery		STATE OF ILLINOIS STATE OF ILLINOIS BEPARTMENT OF INSUR SPRINGFIELD SPRINGFIELD
Fire .		<u> </u>
Extended Coverage		
nland Marine		
Homeowners	26000	-25% estimated
Commercial Multi-Peril		\$75\$7.74\$7.75
Crop Hail		
Othe <u>r</u>		
Life of Insurance		
Does filing only apply to cer	tain territory (territories) or	certain
Classes? If so, specify: No, the	nis is a complete overhaul to rate	les .
specity. 110, a	no to a complete overtidar to ta	
Brief description of filing. (If	filing follows rates of an a	dvisory
Organization, specify		
organization):	Base rate and factors	proposed utilizing company data
*Adjusted to reflect all prior	rate changes	
**Change in Company's pre		It from application of new
rates.	Angia Casumity Inc	uranco Compony
	Aegis Security Ins	urance company
	cl/l	me of Company
		me of Company oduct Development Analyst

Change in Company's revision effective	premium or rate level produced b	y rate
(1)	(2) Annual Premium	(3) Percent
Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Day Private Passenger Commercial 3. Liability Other Than Ad 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insura	mage uto SI DEPARI	ENERO 2009 ATE OF ILLINOIS ANCE MENT OF INSURANCE SPRINGFIELD 0.0
organization, specify organizates for certain rating present the Relativities, Amount of Ir Discount Factor, Deductible	ng. (If filing follows rates of a anization): With this filing, Alls blans. Changes are being made to T asurance Factors, Claim Rating Fac Le Factors and the Rate Adjustment th this filing is 0.0%. In additio	tate is modifying its erritorial Zone tors, the 55 & Retired Factor. The overall
* Adjusted to reflect all ** Change in Company's pre- result from application	emium level which will	
_	Allstate Property & Casualty Name of Compar	
	Andi M. Colosi - State filing	
H29219D	Official - Tit	

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$0	0
	Commercial	\$110,760	0
2.	Automobile Physical Damage	••	0
	Private Passenger	\$0	0
	Commercial	\$36,463	0
3.	Liability Other Than Auto	\$119,996	0
4.	Burglary and Theft	<u>\$0</u>	0
5.	Glass	\$0	0
6.	Fidelity	\$0	0
7.	Surety	\$0	0
8.	Boiler and Machinery	\$125	0
9.	Fire	\$3761	0
10.	Extended Coverage	na	0
11.	Inland Marine	\$1,205,294	0
12.	Homeowners	\$4,220,430	+13.3%
13.	Commercial Multi-Peril	\$6,353,516	0
14.	Crop Hail	\$0	0
15.	Other Ocean Marine	\$0	0
	Line of Insurance		
		territories) or certain classes? If so, specify	:
This	filing only applies to buliding forms		
Brief	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):
This	filing proposes to revise rates by terr	itory. We are also proposing to increase or	r water back up deductible from
\$2,5	00 to \$5,000.		

American Automobile Insurance Company Name of Company

William Paukovitch - Vice President

Official - Title

Change in Company's premium level which will result from application of new rates.

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$0	0
	Commercial	\$55,860	0
2.	Automobile Physical Damage	••	•
	Private Passenger	\$0	0
	Commercial	\$4,822	0
3.	Liability Other Than Auto	\$3,271,070	0
4.	Burglary and Theft	\$0	0
5.	Glass	\$0	0
6.	Fidelity	\$0	0
7.	Surety	\$720	0
8.	Boiler and Machinery	_\$0	0
9.	Fire	\$113,725	0
10.	Extended Coverage	na	0 .
11.	Inland Marine	\$610,963	0
12.	Homeowners	\$723,053	+14.6%
13.	Commercial Multi-Peril	\$4,455,503	0
14.	Crop Hail	\$0	0
15.	Other Ocean Marine	\$0	0
	Line of Insurance		
	filing only apply to certain territory ((territories) or certain classes? If so, specify:	
Brief o	description of filing. (If filing follow	ws rates of an advisory organization, specify	organization):
		ritory. We are also proposing to increase ou	r water back up deductible fror
\$2,50	00 to \$5,000.		

The American Insurance Company Name of Company

William Paukovitch - Vice President Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level	produced by rate revision effective	11/1/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
. Automobile Physical Damage Private Passenger Commercial		WED
Liability Other Than Auto Burglary and Theft	RECE	IAFA
. Glass		
. Fidelity . Surety	AUG 1	3-2009
. Eiro	CTATE O	OF ILLINOIS OF INSURANCE NGFIELD +4.44%
Extended Coverage	DEPARTMENT	OF INSUIONA
Inland Marine Homeowners	\$237,027.69	+4.44%
2. Commonstal Multi Devil	φ231,021.09	74.4470
4. Crop Hail		
5. Other Line of Insurance		
Poes filing only apply to certain territory (terr Brief description of filing. (If filing follows rate Rate adjustments per indication.	***************************************	organization):
		1
Adjusted to reflect all prior rate changes. *Change in Company's premium level which	n will result from application of new rate	es.
	Am	erican Modern Select
		Name of Company
	Trac	i Burbage – State Filer_
		Official - Title

HO-10 Special Homeowners

Change in Company's premiu revision effective 12/1/20		d by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger Commercial		CEIVED
3. Liability Other Than Auto		
4. Burglary and Theft	· · · · · · · · · · · · · · · · · · ·	eED 1.1 2009
5. Glass		SET -
6. Fidelity		INOIS
7. Surety	· · · · · · · · · · · · · · · · · · ·	STATE OF ILLINOIS
8. Boiler and Machinery	DEP	STATE OF ILLINOIS ARTMENT OF INSURANCE SPRINGFIELD
9. Fire		SPRINGE
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	384,848	7.6%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Does filing only apply to certain If so, specify: Applies to all t Brief description of filing. (If organization, specify organization)	erritories filing follows rates o	f an advisory
and adjusting the base rates for	these territories We a	are also adding
endorsements to Tiers 3 and 4 which		
endorsements to 11618 3 and 4 will	on meren c breatonsty a	vallable.
* Adjusted to reflect all prior : ** Change in Company's premium lever result from application of new	vel which will	
	American Security Ins	urance Company
	Name of Com	pany
	•	ł abaub
	Actuarial Ass Official - 1	
	Official - :	TTCTG

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	vel produced by rate revision effective _	December 1, 2009
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance		CEIVED SEP 0:1 2009 TATE OF ILLINOIS TAMENT OF INSURANCE TYPRINGFIELD 0.0%
Does filing only apply to certain territory (Brief description of filing. (If filing follows a Amendments to recently approved rating *Adjusted to reflect all prior rate changes. **Change in Company's premium level with the second company is premium level.	rates of an advisory organization, specify by peril and consolidated rating manual hich will result from application of new ra	y organization):
		Mutual Insurance Company Name of Company N. Prario, Actuarial Analyst Official – Title

(Change in Company's premium or ra	ate level produced by rate revision effective	11/01/2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	\$1,097,819	0
	Commercial	\$3,905	0
2.	Automobile Physical Damage		
	Private Passenger	\$1,022,509	0
	Commercial	\$0	0
3.	Liability Other Than Auto	\$16,082	0
4.	Burglary and Theft	\$0	0
5.	Glass	\$0	0
6.	Fidelity	\$0	0
7.	Surety	\$0	0
8.	Boiler and Machinery	\$1,828	0
9.	Fire	\$0	0
10.	Extended Coverage	na	0
11.	Inland Marine	\$1,745,921	0
12.	Homeowners	\$3,903,742	+17.9%
13.	Commercial Multi-Peril	\$536,002	0
14.	Crop Hail	\$0	0
15.	Other Ocean Marine	\$0	0
	Line of Insurance		
	iling only apply to certain territory (filing only applies to buliding forms	territories) or certain classes? If so, specify:	
This	description of filing. (If filing follow filing proposes to revise rates by ter 00 to \$5,000.	ws rates of an advisory organization, specify or ritory. We are also proposing to increase our	organization): r water back up deductible from

Associated Indemnity Corporation Name of Company

William Paukovitch - Vice President

Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

	Change in Company's premium or ra	te level produced by rate revision effective	10/15/2009
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		RECEIVED
2.	Automobile Physical Damage		CEIVE
	Private Passenger		REU
	Commercial		
3.	Liability Other Than Auto		AUG 1 8 2009
4.	Burglary and Theft		AUG 1 6 200
5.	Glass		
6.	Fidelity		STATE OF ILLINOIS
7.	Surety		STATE OF ILLINOIS STATE OF INSURANCE DEPARTMENT OF INSURANCE SPRINGFIELD
8.	Boiler and Machinery		DELL. SPRING.
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		15.50/
12.	Homeowners	1,212,205	-15.7%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Line of Insurance		
D		touritouries) en entrie aleggas? If an amonif	·
No No	tiling only apply to certain territory (territories) or certain classes? If so, specif	у.
* A	ist AOI factors, Deductible factors, ra		on, other structure and
10	som from approaction of new rates.		
			kers Standard Insurance
		Con	npany Name of Company
		Johr	n Raeihle , AVP
			Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rat	te level produced by rate revision effective	11/10/2009 New and Renewals
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		.ED
2. Automobile Physical Damage Private Passenger Commerc	ial <u>SE</u> C	EIVED
3. Liability Other Than Auto	- N-	
4. Burglary and Theft		p 0 4 2009
5. Glass	SF	P 04 200
6. Fidelity		
7. Surety		ATE OF ILLINOIS MENT OF INSURANCE
8. Boiler and Machinery		MENT OFIELD
9. Fire	DEPARI	ATE OF ILLINOIS MENT OF INSURANCE MENT OF INSURANCE SPRINGFIELD
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	\$1,725,088	0%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territor	ory (territories) or certain classes? If so, specify	/:
Applies to all territories	<u> </u>	
	<u>.</u>	
	ws rates of an advisory organization, specify o	rganization):
Filing Group Disount Rule - 8.86 and adding Gr	oup to current list of groups in Illinois.	
*Adjusted to reflect all prior rate chan		
**Change in Company's premium leve	el which will result from application of new rate	S.
		nsurance Company of Illinois
		Name of Company
	Susan W	/hitworth - Product Specialist
		Official Title

eff. date Change only

Form (RF-3)

SUMMARY SHEET

	Change in Company's premium or rat	te level produced by rate revision effective	09/18/2009
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		<u> </u>
2.	Automobile Physical Damage	RECEIVE	
	Private Passenger	<u> </u>	
	Commercial	RE	
3.	Liability Other Than Auto	2000	
4.	Burglary and Theft	SEP 1 4 2009	
5.	Glass	SEF -	19
6.	Fidelity	- SEILLING	PANCE
7.	Surety	STATE OF IN)
8.	Boiler and Machinery	SEP 1 4 STATE OF ILLING STATE OF INS DEPARTMENT OF INS OEPARTMENT OF INS	
9.	Fire	DE: 5:	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	\$582,231	+15.1%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does 1	filing only apply to certain territory (t	erritories) or certain classes? If so, specify:	
No			
Brief	description of filing. (If filing follow	s rates of an advisory organization, specify of	organization):
		and HO 00 05. Replaced Insurance E	
		ntroducing Wind/Hail Deductible Op	
	perty Coverage for HO 00 04 at		nons and special i disonal
<u> </u>	perty Coverage for no 00 04 a	nu 110 00 00.	
		-	

Fidelity Natl P & C Ins Co

Name of Company

Linda Kinney, P A Supervisor
Official - Title

* Adjusted to reflect all prior rate changes.

result from application of new rates.

Change in Company's premium level which will

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	\$2,524	0
	Commercial	87,347	0
2.	Automobile Physical Damage		
	Private Passenger	\$320	0
	Commercial	\$23,813	0
3.	Liability Other Than Auto	\$1,361,847	0
4.	Burglary and Theft	\$0	0
5.	Glass	\$0	0
6.	Fidelity	\$0	0
7.	Surety	\$500	0
8.	Boiler and Machinery	\$-501	0
9.	Fire	\$216,045	0
10.	Extended Coverage	na	0
11.	Inland Marine	\$4,311,492	0
12.	Homeowners	\$1,839,073	+12.1%
13.	Commercial Multi-Peril	9,457,171	0
14.	Crop Hail	\$7,672,223	0
15.	Other Ocean Marine	4,581,916	0
	Line of Insurance		
		(territories) or certain classes? If so, specify:	
This	filing only applies to buliding forms	S	
Brief o	description of filing. (If filing follow	ws rates of an advisory organization, specify	organization):
This	filing proposes to revise rates by ter	ritory. We are also proposing to increase our	r water back up deductible from
	00 to \$5,000.		

Fireman's Fund Insurance Company Name of Company

William Paukovitch - Vice President Official - Title

 ^{*} Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	9/22/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
 Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery 		
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance	0	6.5%
Brief description of filing. (If filing follows *Adjusted to reflect all prior rate changes	rates of an advisory organization, specify or hich will result from application of new rates	rganization): <u>Base rates revision only</u>
	Adam Ma	Name of Company Name of Company No - Industry Filit A Ta yst Official The Company AUG 0:6 2009 AUG 0:6 2009 ATTE OF ILLINOIS STATE OF INSURANCE SARTINE FRINGFIELD SPRINGFIELD

14. Crop Hail15. Other

SUMMARY SHEET

	November 1, 2009	level produced by rate revisi	on ellective
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$ 320,192	-0.2%
4.	Burglary and Theft		
5.			
6.	Fidelity		
7.	·· /		
8.	Boiler and Machinery		
9.	Fire	\$2,150,962	-1.0%
10.	Extended Coverage	\$ 822,157	-0.9%
11.	Inland Marine		
12.	Homeowners	\$1,268,132	-1.2%
13.	Commercial Multi-Peril		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Zip code 62206 moved from Territory E to Territory F

Adjusted to reflect all prior rate changes.

Line of Insurance

** Change in Company's premium level which will result from application of new rates.

RECEIVED

SEP 0 2 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Foremost Insurance Company
Grand Rapids, Michigan
Name of Company

David J. Kelly
Assistant Vice-President
State Filings

Revised Ett. Date only-

rorm ((RF-3)	SUMIMARY SHE	E I
(Change in Company's premium or rate	e level produced by rate revision effective	9-30-2009 NB & 11-7-2009 REN
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	REC	EIVED
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	SEP 1	1 2009
4.	Burglary and Theft	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	
5.	Glass	STATE O	F-ILLINOIS
6.	Fidelity	DEPARTMENT	OF INSURANCE
7.	Surety	SPRIN	IGFIELD
8.	Boiler and Machinery		
9.	Fire		
10. 11.	Extended Coverage Inland Marine		
11. 12.	Homeowners	\$ 1,748,359	+3.1%
13.	Commercial Multi-Peril	\$ 1,746,339	13.170
14.	Crop Hail		
15.	Other		
15.	Line of Insurance		
Does fi	ling only apply to certain territory (te	erritories) or certain classes? If so, specify	:
The p	roposed changes apply equally to all	territories and classes.	
Brief d	escription of filing. (If filing follows	rates of an advisory organization, specify	organization):
	rate changes of +3% for Owners forms ar		
	ljusted to reflect all prior rate changes		
	nange in Company's premium level who sult from application of new rates.	nich will	
res	suit from application of new rates.		
		Harle	eysville Lakes States Insurance
		Com	
			Name of Company
			~ ~
		لنا	Deen Tisker
		Eilee	n Fisher
			or State Filings Analyst
			0.00
H2921	0D		Official - Title

	Change in Company's premium	or rate level produced by	rate revision effective	September 10, 2009
		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			CEIVED
3.	Liability Other Than Auto			SEP 1 0 2009
4.	Burglary and Theft			CP
5.	Glass		R	•
6.	Fidelity			2009
7.	Surety			SER 1 0 C
8.	Boiler and Machinery			SEP 1 V STATE OF ILLINOIS STATE OF INSURANCE STATE OF INSURANCE SPRINGFIELD SPRINGFIELD
9. 10.	Fire Extended Coverage			OF ILLINGURAN
11.	Inland Marine			GTATENT OF ILD
12.	Homeowners	3,270,020	14.8%	RTMERINGFILL
13.	Commercial Multi-Peril	3,210,020	<u> </u>	EDWIN Shir
14.	Crop Hail			
15.	Other		····	
	Line of Insurance			
Doe:	s filing only apply to certain territory	(territories) or certain cla	asses? If so, specify:	No
	f description of filing. (If filing follow are changing our base rates, loss s			ation):
	A. C.			
			•	
				nce Company of Illinois
				e of Company
				- Sr. Actuarial Analyst
			Of	ficial - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's p	remium or rat	te level produced	by rate revision
effective 08/14/2009			-

	(1)	(2)	(3)
_	` ,	Annual Premium	Percent
	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private		
	Passenger	0	0
	Commercial	0	0
2	Automobile Physical Damag		ORECEIVED
	Private Passenger	0	0
	Commercial	0	0 - C -
3.	Liability Other Than Auto	0	0 2 5
4.	Burglary and Theft	0	0 2009
5.	Glass	0	O AUG 1:1 2009
6.	Fidelity	0	O AUG 1.1. O STATE OF ILLINOIS ANCE O STATE OF ILLINOIS ANCE
7.	Surety	0	O STATE OF INSUIT
8.	Boiler and Machinery	0	O DEPARTMENT OF PELD
9.	Fire	0	O DEPT. S.
10.	Extended Coverage	0	0
11.	Inland Marine	0	0
12.	Homeowners	8,734,832	+14.9%
13.	Commercial Multi-Peril	0	0
14.	Crop Hail	0	0
15.	Other	0	0
	Life of Insurance		
•	Does filing only apply to cert Classes? If so, specify: No.	ain territory (territories) o	certain
	Brief description of filing. (If Organization, specify organization): introduction of a new pricing class simplified. *Adjusted to reflect all prior r**Change in Company's prer rates.	Filing includes an ove rating matrix. Additionally the ate changes. mium level which will resu	rall rate change and the e condo program is being
		Homesic insulan	oe company of fillitois

Name of Company Stephen D. Stayton - VP & Chief Actuary

Official - Title

Eff. date Mange

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

	Change in Company's premiueffective 01/01/2010		a by rate remains	
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
_	Automobile Liability Private			
	Passenger			
	Commercial	***************************************		
	Automobile Physical Damag		RECEIVED.	
	Private Passenger		- SEIVED.	
	Commercial		SECE	
	Liability Other Than Auto		·	
	Burglary and Theft		SEP 2 9 2009	
	Glass		SEPS	
	Fidelity		STATE OF ILLINOIS STATE OF INSURANCE	
	Surety		STATE OF INSUIO	
	Boiler and Machinery		STATE OF ILLINOIS STATE OF INSURANCE DEPARTMENT OF INSURANCE SPRINGFIELD	
	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners .	\$809,804	+1.9%	
	Commercial Multi-Peril			
	Crop Hail	**************************************		
	Other			
	Life of Insurance			
	Does filing only apply to certa Classes? If so,	ain territory (territories) o	or certain	
	specify: No			
			-4.:	
	Brief description of filing. (If I Organization, specify	lling follows rates of an	advisory	
	organization):	Adoption of 2008 AA	IS contract: elimination and	
	organization): Adoption of 2008 AAIS contract; elimination and replacement of current endorsements, introduction of new endorsements; introducing a stand			
	alone Condominium policy and NEA member discount, elimination of Inflation Guard discount			
	*Adjusted to reflect all prior rate changes.			
	**Change in Company's prenates.	•	ult from applicațion of new	
	rates.	Horace M	lann Insurance Company	
		***************************************	ame of Company	
			ester - Product Analyst	
			Official – Title	

FORM (RF-3)

Change in Company's premium o	r rate level produced by rate revision
effective 12/01/2009	

-	(1)	(2) Annual Premium	(3) Percent
_	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger	RECEIV	<0
	Commercial	- 19	
2	Automobile Physical Damag		
	Private Passenger	- CC	•
	Commercial	RE SEP 03	2009
3.	Liability Other Than Auto	1203	ALINOIS ANCE
4.	Burglary and Theft	SET	LINCURAR
5.	Glass	-E 0	OF IND
6.	Fidelity	STATE OF STA	MGFIE
7.	Surety	EPART SP	
8.	Boiler and Machinery	05,	
9.	Fire		
10.	Extended Coverage		- And Add Add Add Add Add Add Add Add Add
11.	Inland Marine		
12.	Homeowners	\$809,804	+1.9%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•			
	Does filing only apply to certa	in territory (territories) or (certain
	Classes? If so,		
	specify: No No		
	Brief description of filing. (If fi	ling follows rates of an ac	dvisory
	Organization, specify		
	organization):	Adoption of 2008 AAIS	contract; elimination and
	replacement of current endorsement	nts, introduction of new endors	sements; introducing a stand
	alone Condominium policy and NE	A member discount, elimination	on of Inflation Guard discount
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	ium level which will result	t from application of new
	rates.		
			nn Insurance Company
			ne of Company
			ter - Product Analyst
		C	Official – Title

SSS. date Change

FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		ECEIVED
Liability Other Than Auto	R	EOL
Burglary and Theft		;
Glass		SEP 2 9 2009
Fidelity		
Surety		STATE OF ILLINOIS
Boiler and Machinery		STATE OF ILLINOIS EPARTMENT OF INSURANCE SPRINGFIELD
Fire	U	SPRINGITE
Extended Coverage		
Inland Marine		
Homeowners	\$512,084	+0.9%
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	nin territory (territories) o	r certain
Classes? If so,		
specify: No		
Brief description of filing. (If f	iling follows rates of an a	advisorv
	ining ronotto rates of arr	aa 1.00. j
Organization, specify		•
Organization, specify organization):	Adoption of 2008 AA	S contract; elimination and
Organization, specify organization): replacement of current endorseme	Adoption of 2008 AAI	S contract; elimination and preements; introducing a stand
Organization, specify organization): replacement of current endorseme alone Condominium policy and N	Adoption of 2008 AAI nts, introduction of new ende EA member discount, elimin	S contract; elimination and preements; introducing a stand
Organization, specify organization): replacement of current endorseme alone Condominium policy and Ni *Adjusted to reflect all prior ra **Change in Company's prem	Adoption of 2008 AAI nts, introduction of new ende EA member discount, eliminate changes.	S contract; elimination and orsements; introducing a stand ation of Inflation Guard discoun
Organization, specify organization): replacement of current endorseme alone Condominium policy and N *Adjusted to reflect all prior ra	Adoption of 2008 AAI nts, introduction of new endo EA member discount, eliminate changes. nium level which will resi	S contract; elimination and orsements; introducing a stand ation of Inflation Guard discountuit from application of new
Organization, specify organization): replacement of current endorseme alone Condominium policy and Ni *Adjusted to reflect all prior ra **Change in Company's prem	Adoption of 2008 AAI nts, introduction of new ende EA member discount, eliminate changes. nium level which will reso	S contract; elimination and orsements; introducing a stand ation of Inflation Guard discountuit from application of new on P & C Insurance Company
Organization, specify organization): replacement of current endorseme alone Condominium policy and Ni *Adjusted to reflect all prior ra **Change in Company's prem	Adoption of 2008 AAI nts, introduction of new ende EA member discount, eliminate changes. nium level which will reso	S contract; elimination and orsements; introducing a stand ation of Inflation Guard discountuit from application of new

FORM (RF-3)

Change in Company's premium or ra	ite level produced by rate revision
effective 12/01/2009	

- -	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private Passenger	Volume (Illinois) *	Change (+or-) **
	Commercial		
2	Automobile Physical Damag	-	
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		- VED
4.	Burglary and Theft		RECEIVED
5.	Glass	,	KE
3. -	Fidelity		- 2009
7.	Surety		SEB 0 8 2009
3.	Boiler and Machinery	<u></u>	
9.	Fire		STATE OF ILLINOIS ANCE
10. 11.	Extended Coverage		DEPARTMENT OF INDU
11. 12.	Inland Marine Homeowners	CE40 004	
13.	Commercial Multi-Peril	\$512,084	+0.9%
13. 14.	Crop Hail		
15.	Other		
	Life of Insurance		
•			
	Does filing only apply to certain	in territory (territories) or o	certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If file Organization, specify organization):	Adoption of 2008 AAIS	contract; elimination and
	replacement of current endorsemer alone Condominium policy and NE		
	*Adjusted to reflect all prior ra		on or initation Guard discount
	**Change in Company's premates.		from application of new
	. 3.20	Horace Mann	P & C Insurance Company
		**************************************	ne of Company
			ester - Product Analyst
			Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective <u>9</u>	0/22/09
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
_		
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	40,979,681	6.5%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territor territories		specify: No, this filing is applicable to al
Brief description of filing. (If filing follows	rates of an advisory organization, specifi	y organization): Base rates revision only
*Adjusted to reflect all prior rate changes **Change in Company's premium level v	s. which will result from application of new ra	ates.
	Liberty M	lutual Fire Insurance Company
		Name of Company
	Adam_	Malo - Industry Filing Analyst Official - Title
		Official - Title



	(1)	(2)	(3)
	<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	\$2,615,442	0
	Commercial	\$80,919	0
2.	Automobile Physical Damage		
	Private Passenger	\$2,362,659	0
	Commercial	\$9,853	0
3.	Liability Other Than Auto	\$5,555,324	0
4.	Burglary and Theft	\$0	0
5.	Glass	\$0	0
6.	Fidelity	\$0	0
7.	Surety	\$350	0
8.	Boiler and Machinery	\$42,829	0
9.	Fire	\$163,151	0
10.	Extended Coverage	na	0
11.	Inland Marine	\$2,075,767	0
12.	Homeowners	\$5,570,767	+15.2%
13.	Commercial Multi-Peril	\$7,414,169	0
14.	Crop Hail	\$0	0
15.	Other Ocean Marine	\$422,137	0
	Line of Insurance		
	iling only apply to certain territory filing applies to all buliding and co	(territories) or certain classes? If so, specify:	
	ining applies to an ountaing and co	TOTAL TOTAL	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
This		ws rates of an advisory organization, specify rritory. We are also proposing to increase ou	

National Surety Corporation Name of Company

William Paukovitch - Vice President Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

	Change in Company's premium	or rate level produced by	rate revision effective _	September 10, 2009
		(2) Annual Premium Volume (Illinois)	(3) Percent Change (+ or -)	
1.	Automobile Liability Private Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial		RE	CEIVED
3.	Liability Other Than Auto			
4.	Burglary and Theft			SEP 1 0 2009
5.	Glass Fidelity			SEPIO
6. 7.	Surety			STATE OF ILLINOIS STATE OF INSURANCE RTMENT OF INSURANCE SPRINGFIELD
8.	Boiler and Machinery			STATE OF INSURANCE
9.	Fire		DEPA	RTMERINGFIELD
10.	Extended Coverage			•
11. 12.	Inland Marine Homeowners	9,072,284	15.0%	
13.	Commercial Multi-Peril	9,072,204	13.070	
14.	Crop Hail			
15.	Other			
	Line of Insurance			
Doe	s filing only apply to certain territor	y (territories) or certain cla	asses? If so, specify:	_ No
		· · · · · · · · · · · · · · · · · · ·		
Rrie	description of filing. (If filing follow	ws rates of an advisory or	nanization, specify organiz	ration):
We	are changing our base rates, age of	of dwelling factors, score g	roup tiering factors, loss s	surcharge tiering factors, ye 46
of co	onstruction factors, and account cre	edit.		
			Sentinel Insura	ance Company, LTD.
			Name	of Company
			Alisa Havens -	Sr. Actuarial Analyst
			Offi	icial - Title

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent <u>Change (+ or -)**</u>
l.	Automobile Liability		
	Private Passenger		
	Commercial	REC	EIVED
	Automobile Physical Damage		
	Private Passenger		
	Commercial	QFD 1	0-2009
	Liability Other Than Auto	JLI 1	0 2003
	Burglary and Theft		
	Glass	STATE O	F ILLINOIS
	Fidelity	DEPARTMENT	OF INSURANCE
	Surety		
	Boiler and Machinery		
•	Fire		
•	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		10.00/
•	Other Mobile Homeowners Line of Insurance	\$259,823	12.8%
	ling only apply to certain territory (t	erritories) or certain classes? If so, spec	fy:
	ling only apply to certain territory (t	erritories) or certain classes? If so, spec	fy:
·			
ef de	escription of filing. (If filing follow	s rates of an advisory organization, spec	fy organization):
ef de	escription of filing. (If filing follow rates and Amount of Insurance have	s rates of an advisory organization, speci-	fy organization):
ef de	escription of filing. (If filing follow	s rates of an advisory organization, speci-	fy organization):
ef de	escription of filing. (If filing follow rates and Amount of Insurance have	s rates of an advisory organization, speci-	fy organization):
ef de	escription of filing. (If filing follow rates and Amount of Insurance have	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	fy organization):
ef de ase iterp	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone defir	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	fy organization):
ef dense iterp	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone defir	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	fy organization):
ase 1 terp	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	fy organization):
ef de see 1	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	fy organization):
ef de se i	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	ify organization): were revised and the Premium
ef de see 1	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	ify organization): were revised and the Premium
ef de see 1	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	s rates of an advisory organization, speci- been revised. Claim Surcharge factors value of the changes were also made.	ify organization): were revised and the Premium
ef dense iterp	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	been revised. Claim Surcharge factors value of the changes were also made. St. Which will	elter Mutual Insurance Company
ef de see 1	escription of filing. (If filing follow rates and Amount of Insurance have olation rule was revised. Zone definition to reflect all prior rate change ange in Company's premium level w	been revised. Claim Surcharge factors viition changes were also made. St. Which will Sh.	ify organization): were revised and the Premium

Home

Form (RF-3)

	(1)	(2)	(3) Percent
	Coverage	Annual Premium Volume (Illinois)*	Change (+ or -)**
	Automobile Liability		
	Private Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial	RECE	IVED
	Liability Other Than Auto	REUL	
	Burglary and Theft Glass		
			2000
	Fidelity	SEP 10	7003
	Surety Boiler and Machinery		
	Fire	STATE OF	ILLINOIS
	Extended Coverage	DEPARTMENT	F INSURANCE
	Inland Marine	STATE OF DEPARTMENT O SPRING	LIEFA
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other Platinum Shield	\$544,342	23.9%
	Onici I fatilitatii Siliciu		
	Line of Insurance	(territories) or certain classes? If so, speci	
s f	iling only apply to certain territory	v (territories) or certain classes? If so, speci	fy: fy organization):
s f	description of filing. (If filing follows rates and Amount of Insurance h	ows rates of an advisory organization, speci	fy: fy organization):
s f	iling only apply to certain territory	ows rates of an advisory organization, speci	fy: fy organization):
Baster	description of filing. (If filing follower rates and Amount of Insurance has polation rule was revised. Zone de	ows rates of an advisory organization, speciation been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization):
s f	description of filing. (If filing follower rates and Amount of Insurance has polation rule was revised. Zone deducted to reflect all prior rate characters.)	ows rates of an advisory organization, speciation changes were also made.	fy: fy organization):
s f	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization):
s f	description of filing. (If filing follower rates and Amount of Insurance has polation rule was revised. Zone deducted to reflect all prior rate characters.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization):
f o	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization):
Sas er	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy organization): were revised and the Premium
f o	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization): were revised and the Premium
s f	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors efinition changes were also made.	fy: fy organization):
s f	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors of finition changes were also made. She she she will	fy: fy organization): were revised and the Premium elter Mutual Insurance Company Name of Company
f o	description of filing. (If filing follows e rates and Amount of Insurance is polation rule was revised. Zone deducted to reflect all prior rate characteristics.)	ows rates of an advisory organization, speciative been revised. Claim Surcharge factors of finition changes were also made. She She	fy: fy organization): were revised and the Premium

Coverage Volume (Illinois)* Change (+ or -)** 1. Automobile Liability Private Passenger Commercial		(1)	(2)	(3)
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Line of Insurance Line of Insurance Line of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept Brian Marcks, Coord Ins Dept		<u>Coverage</u>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Line of Insurance Line of Insurance Line of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept Brian Marcks, Coord Ins Dept	1.	Automobile Liability		
Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 0. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance Description of filing. (If filing follows rates of an advisory organization, specify organization): Base rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept Brian Marcks, Coord Ins Dept	••			
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 16. Line of Insurance 17. Line of Insurance 18. Series and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. 16. Adjusted to reflect all prior rate changes. 17. Change in Company's premium level which will result from application of new rates. 18. Series 10. 2009 18. Series 10. 20		Commercial		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 16. Line of Insurance 17. Line of Insurance 18. Series and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. 16. Adjusted to reflect all prior rate changes. 17. Change in Company's premium level which will result from application of new rates. 18. Series 10. 2009 18. Series 10. 20	2.			IED
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other 16. Line of Insurance 17. Line of Insurance 18. Series and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. 16. Adjusted to reflect all prior rate changes. 17. Change in Company's premium level which will result from application of new rates. 18. Series 10. 2009 18. Series 10. 20		_	- OECE!	
1. Liability Other Than Auto 2. Burglary and Theft 3. Glass 3. Fidelity 4. Surety 5. Fire 6. Extended Coverage 7. Inland Marine 7. Inland Marine 8. Homeowners 8. 4,476,059 8. Commercial Multi-Peril 8. Crop Hail 8. Crop Hail 8. Crop Hail 8. Crop Hail 8. Cother 8. Line of Insurance 8. Inland Marine 9. Extended Coverage 1. Inland Marine 1. Inland Marine 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 8. Crop Hail 9. Other 1. Line of Insurance 1. Line of Insurance 1. Inland Marine 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 8. Cother 1. Line of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. 2. Adjusted to reflect all prior rate changes. 2. Change in Company's premium level which will result from application of new rates. 3. Shelter Mutual Insurance Company Name of Company 1. Brian Marcks, Coord Ins Dept		-	- R	
Strety Surety Surety Surety Stree DEPARTMENT OF ILLINOIS STATE OF				
Strety Surety Surety Surety Stree DEPARTMENT OF ILLINOIS STATE OF		• •		009
Boller and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: o bief description of filing. (If filing follows rates of an advisory organization, specify organization): base rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Name of Company Brian Marcks, Coord Ins Dept		=		
Boiler and Machinery 9. Fire 9. Extended Coverage 1. Inland Marine 2. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: o dief description of filing. (If filing follows rates of an advisory organization, specify organization): Base rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Name of Company Brian Marcks, Coord Ins Dept		· · · · · · · · · · · · · · · · · · ·	OF IL	LINOIS
1. Inland Marine 2. Homeowners \$4,476,059 22.7% 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance bes filing only apply to certain territory (territories) or certain classes? If so, specify: o dief description of filing. (If filing follows rates of an advisory organization, specify organization): Base rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept			STATE OF	INSURAITS
D. Extended Coverage 1. Inland Marine 2. Homeowners \$4,476,059 22.7% 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance des filing only apply to certain territory (territories) or certain classes? If so, specify: description of filing. (If filing follows rates of an advisory organization, specify organization): dese rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept			DEPARTMEPRINGF	Ern
1. Inland Marine 2. Homeowners \$4,476,059 22.7% 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: o dief description of filing. (If filing follows rates of an advisory organization, specify organization): lase rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept				
22. Homeowners 3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance ses filing only apply to certain territory (territories) or certain classes? If so, specify: o see and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept				
3. Commercial Multi-Peril 4. Crop Hail 5. Other Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: o ief description of filing. (If filing follows rates of an advisory organization, specify organization): fase rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept			\$4.476.050	22.7%
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: ef description of filing. (If filing follows rates of an advisory organization, specify organization): asse rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept			φ+, + /0,037	22.170
Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Brian Marcks, Coord Ins Dept	-			
Line of Insurance es filing only apply to certain territory (territories) or certain classes? If so, specify: ef description of filing. (If filing follows rates of an advisory organization, specify organization): ase rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept				
def description of filing. (If filing follows rates of an advisory organization, specify organization): ase rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Name of Company				
Base rates and Amount of Insurance have been revised for form HO-3. Claim Surcharge factors were revised and remium Interpolation rule was revised. Zone definition changes were also made. Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	es f	iling only apply to certain territory ((territories) or certain classes? If so, specif	fy:
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept		iling only apply to certain territory	(territories) or certain classes? If so, specif	îy:
Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	0			
Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	ief (description of filing. (If filing follow	ws rates of an advisory organization, specif	y organization):
Change in Company's premium level which will result from application of new rates. Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	ief d	description of filing. (If filing follow rates and Amount of Insurance have	ws rates of an advisory organization, specified been revised for form HO-3. Claim Surc	y organization):
Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	ief o	description of filing. (If filing follow rates and Amount of Insurance have	ws rates of an advisory organization, specified been revised for form HO-3. Claim Surc	y organization):
Shelter Mutual Insurance Company Name of Company Brian Marcks, Coord Ins Dept	ief dase	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised.	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made.	y organization):
Name of Company Brian Marcks, Coord Ins Dept	o dief of dief	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made.	y organization):
Name of Company Brian Marcks, Coord Ins Dept	ase A	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made.	y organization):
Name of Company Brian Marcks, Coord Ins Dept	ef of asserten	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made.	y organization):
Name of Company Brian Marcks, Coord Ins Dept	ef case	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made.	y organization):
Brian Marcks, Coord Ins Dept	ef case	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made. ges. which will	Ty organization): harge factors were revised and the
	ef case	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made. ges. which will	ry organization): harge factors were revised and t
A ffairs	ef case	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made. ges. which will	ry organization): harge factors were revised and t
Official - Title	ef case	description of filing. (If filing follow rates and Amount of Insurance havium Interpolation rule was revised. djusted to reflect all prior rate change in Company's premium level	ws rates of an advisory organization, specific been revised for form HO-3. Claim Surce Zone definition changes were also made. ges. which will She	lter Mutual Insurance Company Name of Company

Change in Company' revision effective	s premium or rate level produced 12/1/2009	d by rate
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger Commercial		(ED
2. Automobile Physical Da	mage	CEIVED
Private Passenger	KE	
Commercial		
 Liability Other Than A Burglary and Theft 	uto	EP 1 5 2009
5. Glass		
6. Fidelity		ATE OF ILLINOIS
7. Surety	91	
8. Boiler and Machinery	DEPART	SPRINGFIELD
9. Fire		
10. Extended Coverage 11. Inland Marine		
12. Homeowners	124,639	26.1%
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insur		
Does filing only apply to If so, specify: Applies	certain territory (territories) to all territories	or certain classes?
Brief description of filing organization, specify organization	ng. (If filing follows rates of anization): We are redefining t	an advisory cerritorial definitions
and adjusting the base rat	tes for these territories. We a	re also adding a new
endorsement and increasing	g our coverage limits.	
* Adjusted to reflect all ** Change in Company's pre- result from application	emium level which will	
	Standard Guaranty Ins	urance Company
_	Name of Com	<u> </u>
_	Timothy Torrence - Actu	
H29219D	Official - T	itle

The Change

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private	voidine (ilinioio)	- Change (101)
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		•
Commercial		
Liability Other Than Auto		
Burglary and Theft	R	ECEIVED
Glass		
Fidelity	· · · · · · · · · · · · · · · · · · ·	a a 2000
Surety		SEP 2 9 2009
Boiler and Machinery		STATE OF ILLINOIS
Fire		
Extended Coverage	DEP	SPRINGFIELD
Inland Marine	*	
Homeowners	\$3,025,343	+0.6%
Commercial Multi-Peril		
Crop Hail	M-14-1	
Other Life of Insurance		
Does filing only apply to cer	tain territory (territories) o	r certain
Classes? If so,	, , , , , , , , , , , , , , , , , , , ,	
specify: No		
Brief description of filing. (If	filing follows rates of an	advisory
Organization, specify		
organization):		S contract; elimination and
replacement of current endorsem		
alone Condominium policy and		ation of initiation Guard discount
*Adjusted to reflect all prior **Change in Company's pre		ult from application of new
rates.	Teache	ers Insurance Company
		ame of Company
	Jenny I	Hester - Product Analyst
		Official – Title

FORM (RF-3)

Change in Company's premium or ra	ite level produced by rate revision
effective 12/01/2009	

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
_	Commercial	4-14-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	***************************************
3.	Liability Other Than Auto		RECEIVED
4 .	Burglary and Theft		CEIVE
5.	Glass		REGI
6.	Fidelity		
7.	Surety		SEP 0 3 2009
8.	Boiler and Machinery		
9.	Fire		STATE OF ILLINOIS STATE OF INSURANCE DEPARTMENT OF INSURANCE SPRINGFIELD
10.	Extended Coverage		- COARTMENT OF IELD
11.	Inland Marine		DELVI. SPRII.
12.	Homeowners	\$3,025,343	+0.6%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•			
	Does filing only apply to certain	n territory (territories) or	certain
	Classes? If so,		
	specify: No		
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	A 1 11 1 1 0000 A A 10	
	organization):		contract; elimination and
	replacement of current endorsemer		
	alone Condominium policy and NE		tion of Inflation Guard discount
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	ium level which will resul	t from application of new
	rates.	- .	
		······································	s Insurance Company
			me of Company
		· · · · · · · · · · · · · · · · · · ·	ester - Product Analyst
		(Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/15/2009 New Business; 12/15/2009 Renewal Business .

-	(1)	(2) Annual Premium	(3) Percent
-	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger	4	₫ 0 ·
	Commercial	VI	
3.	Liability Other Than Auto	RECEIV	
4.	Burglary and Theft	9	-0
5.	Glass	AUG 2 8	5003
6.	Fidelity	NIG	IOIS NCE
7.	Surety		ILLINGURAN
8.	Boiler and Machinery	CTATEUT (CELELO
9.	Fire	CARTMERIN	GEV
10.	Extended Coverage	AUG & B	
11.	Inland Marine		
12.	Homeowners	11,377,658	22.8%
13.	Commercial Multi-Peril		22.070
14.	Crop Hail		
15.	Other		
	Life of Insurance		
٠	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,	,	
	specify: No		
	Brief description of filing. (If fil	ing follows rates of an a	dvisory
	Organization, specify	J	•
	organization):	Coverage A factors, Age o	f Roof factors, Age of Dwelling Factors,
	Water Back-up of Sewers and Drains rate	es.	
	*Adjusted to reflect all prior rat	e changes.	
	**Change in Company's premi	um level which will resu	It from application of new
	rates.		
		Trustgard Insurance	
			me of Company
		Brett C. Helf, Produ	
		(Official – Title